

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

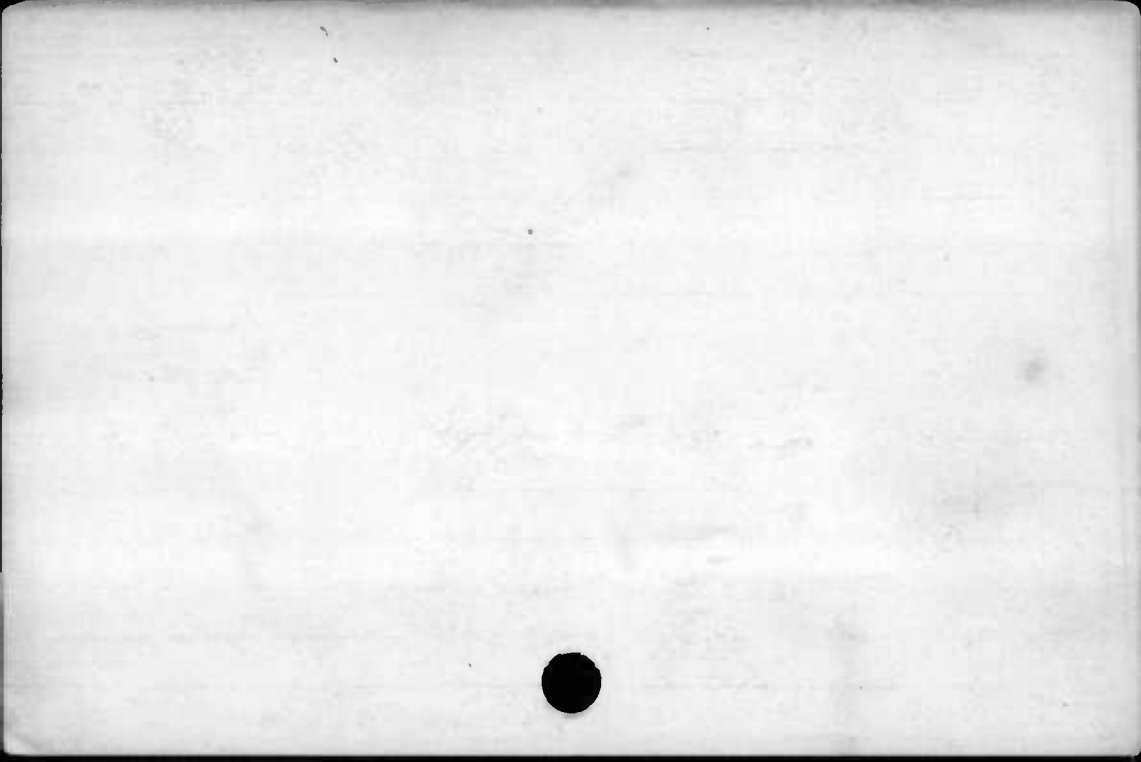
Died at *Jessup* Town*Anne Arundel* CountyDate of death *1906*Month *4*Day *23*Age *82* YearsMonths *4*Days *14*Sex *Male*Color or Race *White*Birth-place *Maryland*Occupation *Merchant*Where Residing if not
at place of deathMarried, Single or Widowed *Widower*Name of Wife or
HusbandFather's Name *Philip Clarke*Father's Birthplace *Maryland*Mother's Maiden Name *Wilkinson*Mother's Birthplace *Maryland*Name of person giving
information *J. B. Clarke*How related
to deceased *Son*

CAUSES OF DEATH

Primary *General senility*Immediate *inunction*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician

Address

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

Stphie Coats

Shady Side

Town

County

MARYLAND

Died at

Date

of death 1906

Month

Apr

Day

2

Age

Years

81

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Ind

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

John H Coats

Father's
Name

Harry Matthews

Father's
Birthplace

Ind

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

John Coats

How related
to deceased

Son

CAUSES OF DEATH

Primary

Bronchitis

How long

3 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Geo. T. Gent M.D.
Churchton

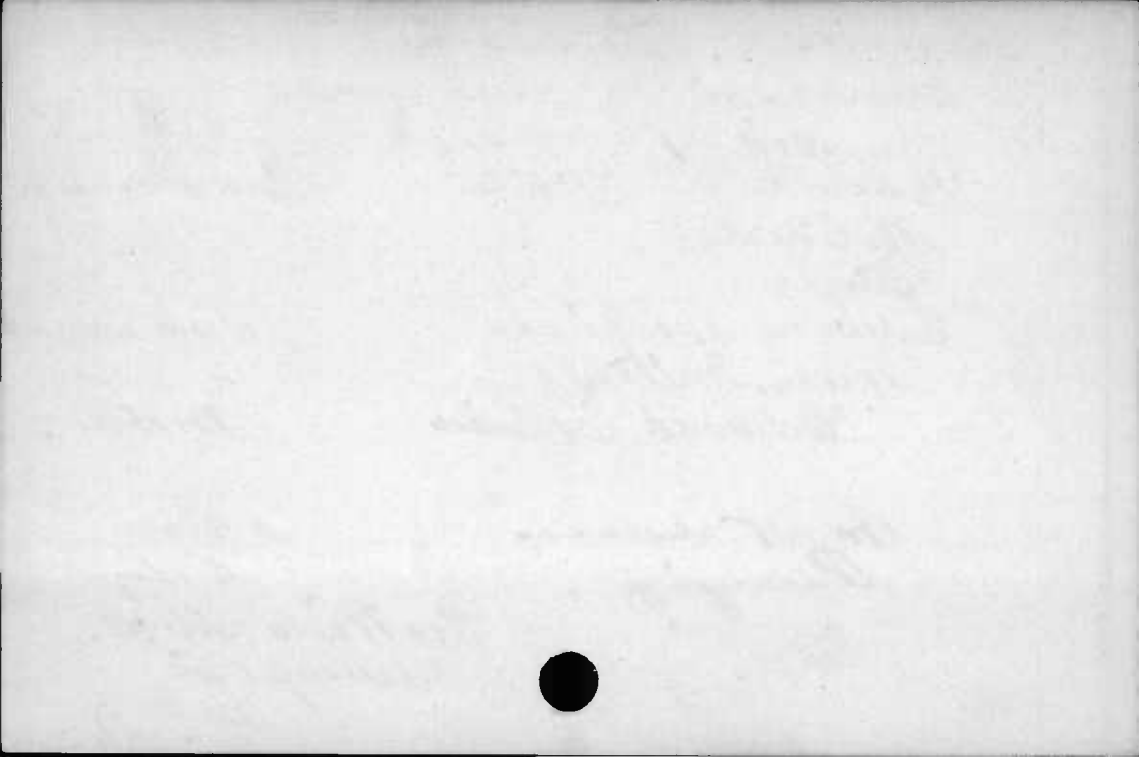
Address

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Annie L. Collinson

CERTIFICATE OF DEATH

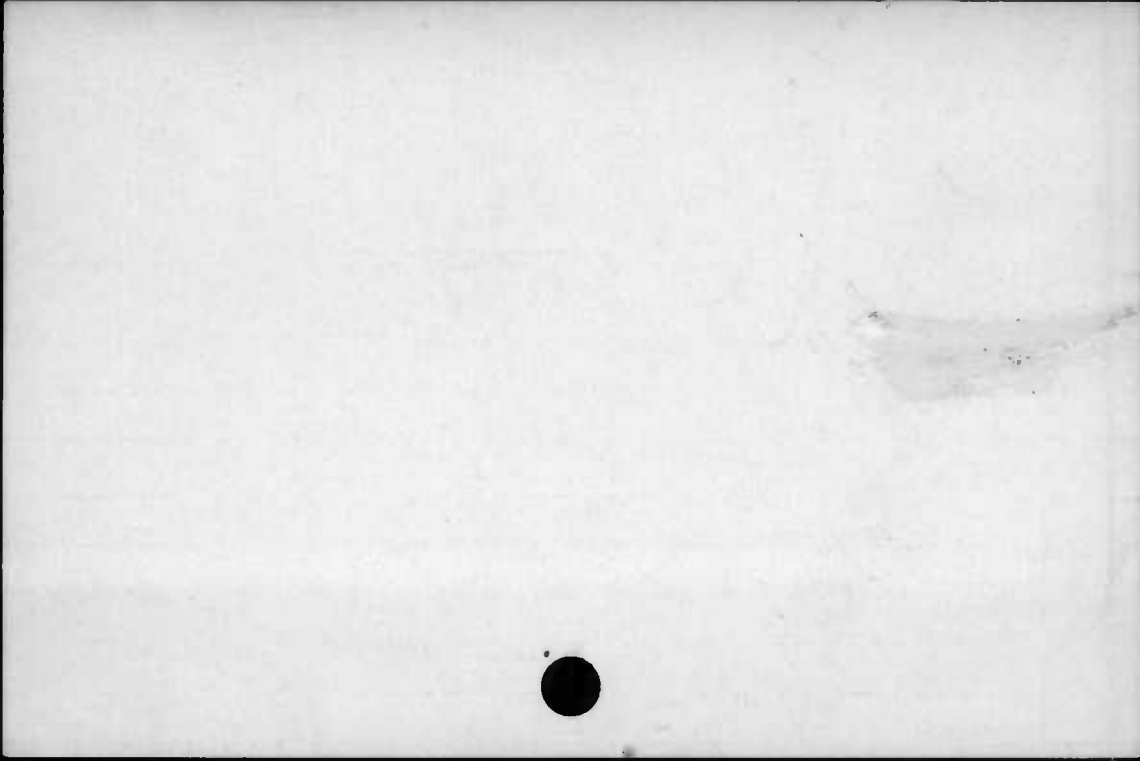
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundell</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>April</i>		Day <i>1</i>		Age <i>40</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Anne Arundell</i>		Months <i>—</i>	
Occupation <i>Retired</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Anne Arundell</i>		Mother's Birthplace <i>" "</i>	
Father's Name <i>Edward Collinson</i>		Mother's Maiden Name <i>Mary Mitchell</i>		How related to deceased <i>Brother</i>		Name of person giving information <i>Edward Collinson</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright Disease</i>	How long	<i>2 years</i>
Immediate	<i>Pneumonia</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo Wells M.D.</i>	
		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annandale</i>		Town <i>Annandale</i>		County <i>N. W. C.</i>		MARYLAND	
Date of death	1906	Month	April	Day	13	Age	2
				Years		Months	
						Days	
Sex	<i>male</i>		Color or Race	<i>colored</i>		Birth-place	<i>Washington D.C.</i>
Occupation			Where Residing if not at place of death		<i>10 Hammond St</i>		
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband				
Father's Name	<i>Clarence Ray</i>					Father's Birthplace	<i>3rd District</i>
Mother's Maiden Name	<i>Mary Johnson</i>					Mother's Birthplace	<i>3rd District</i>
Name of person giving information	<i>Mary Johnson</i>					How related to deceased	<i>mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>179</i>
Immediate	<i>Exhaustion</i>	How long	<i>Months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>John Ridout</i>	
		Address	
		<i>Ann Arbor</i>	
Accident or Suicide?			

R. The end

Name
in
Full

CERTIFICATE OF DEATH

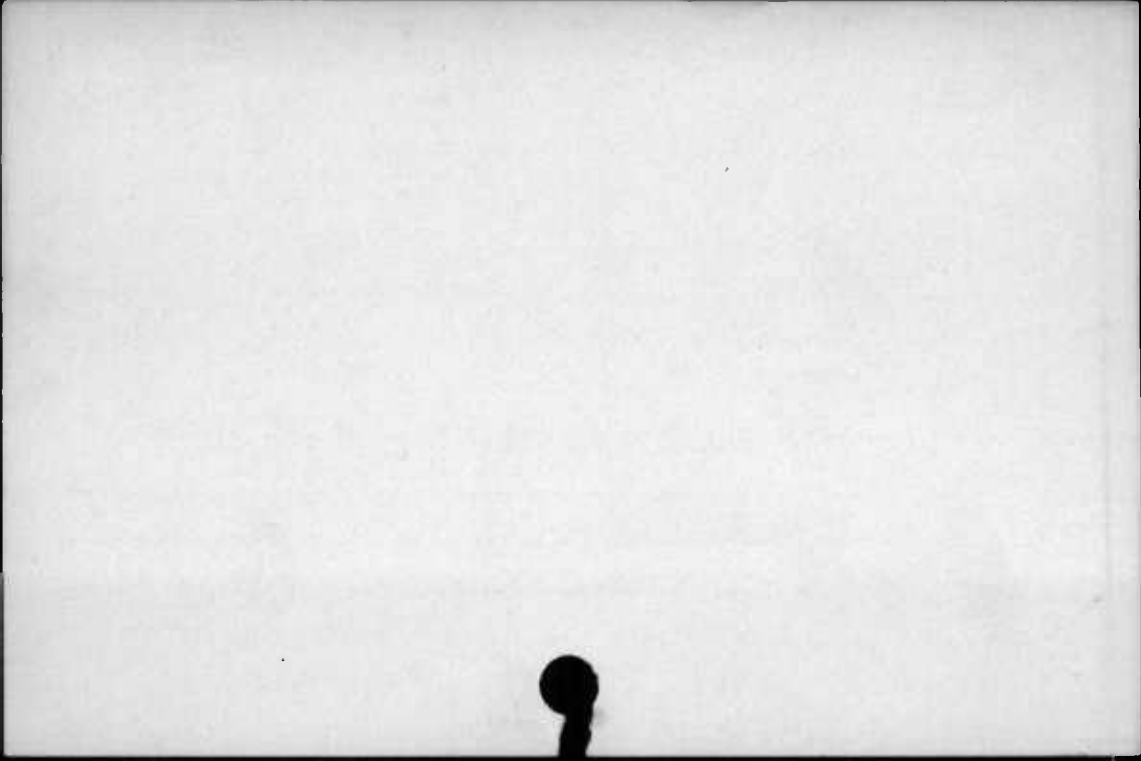
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Curds Bay</i>		County <i>a a</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
<i>1906</i>		<i>4</i>	<i>16</i>	<i>16</i>	<i>—</i>	<i>11</i>	<i>—</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Me d</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Chas Hegel</i>		Father's Birthplace <i>Russia</i>					
Mother's Maiden Name <i>Agnes Brewer</i>		Mother's Birthplace <i>Russia</i>					
Name of person giving information <i>Agnes Brewer</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>whooping Cough</i>	How long	<i>6 wks</i>
Immediate	<i>Heart Failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Chas H Brooke</i>	
Address		<i>Chas H Brooke</i>	
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name In Full <i>John Frank</i>		Town <i>Annapolis</i>		County <i>a. a</i>		MARYLAND									
Died at <i>Annapolis</i>		Date of death <i>1906</i>		Month <i>April</i>		Day <i>28</i>		Age <i>82</i>		Years <i>82</i>		Months <i>4</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Germany</i>											
Occupation <i>Merchant</i>		Where Residing If not at place of death _____													
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bernidena Frank</i>													
Father's Name _____		Father's Birthplace _____													
Mother's Maiden Name _____		Mother's Birthplace _____													
Name of person giving Information <i>Charles Frank</i>		How related to deceased <i>Son</i>													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>		How long _____	
Immediate <i>Uraemic Poisoning</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Oliver Lewis,</i>	
		Address <i>Annapolis,</i>	
		<i>Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Elizabeth Lowmy* Town *Brooklyn* County *C* *a*

Died at *Brooklyn*

Date of death *1906* Month *4* Day *26* Age *60* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *.*

Married, Single or Widowed *Married* Name of Wife or Husband *Geo H Lowmy*

Father's Name *.* Father's Birthplace *Maryland*

Mother's Maiden Name *Annie* Mother's Birthplace *Maryland*

Name of person giving information *Geo H Lowmy* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

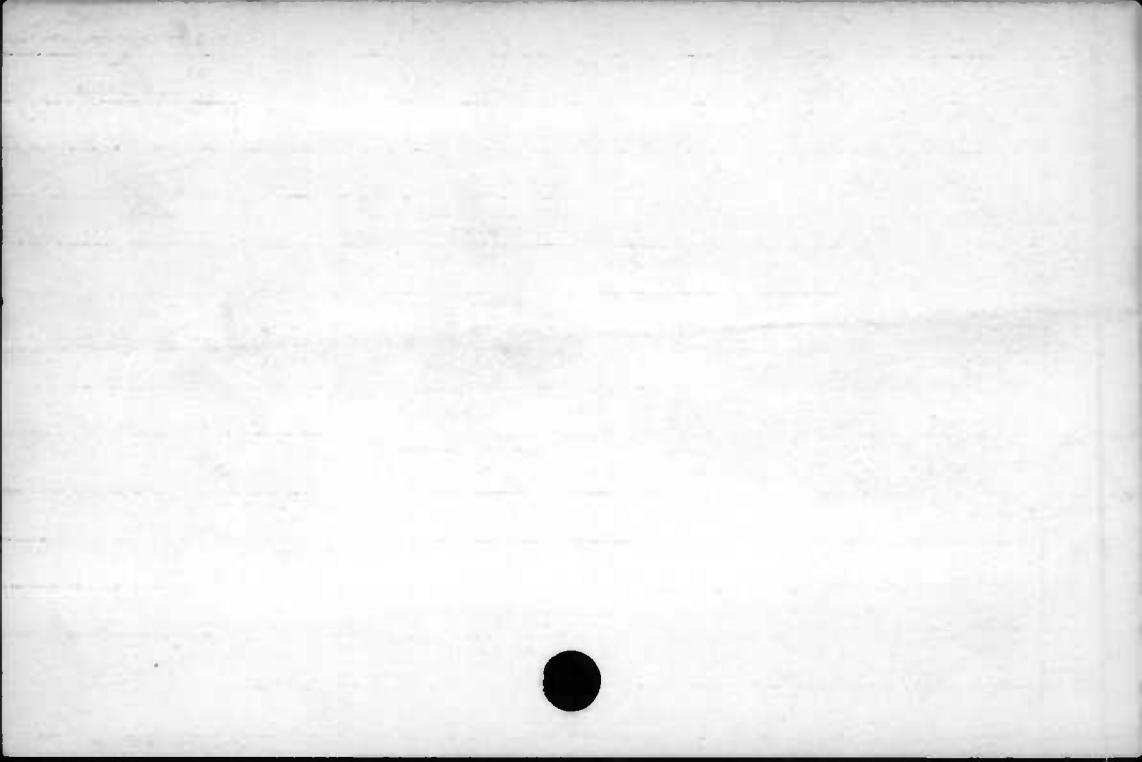
Primary *Syphilis* *(106)* How long *Months*

Immediate *Heart Failure* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *F. L. L. L.*

Address *Brooklyn Md*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glenn Burnie</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>4th</i>	Day <i>23rd</i>	Age <i>24</i>	Years <i>7</i>
Sex <i>Female</i>	Color or Race <i>Mulatto</i>		Birth-place <i>Anne Arundel</i>		
Occupation			Where Residing If not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Joshua Saiter</i>			Father's Birthplace <i>Anne Arundel</i>		
Mother's Maiden Name <i>Emma Rebecca Saiter</i>			Mother's Birthplace <i>Anne Arundel</i>		
Name of person giving information <i>Joshua Saiter</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>2 weeks</i>
Immediate <i>Convulsions</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. R. Winterison</i>
	Address <i>Hanover Md</i>
Accident or Suicide?	



Name
in
Full

Laura V. Gambrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Brooklyn ^{County} Cal. Co. Md.Date of death 1906 ^{Month} April. ^{Day} 15 ^{Years} Age 46 ^{Months} 9 — ^{Days} —Sex female ^{Color or Race} white ^{Birth-place} Virginia^{Occupation} — ^{Where Residing if not at place of death} First St. Brooklyn^{Married, Single or Widowed} Married ^{Name of Wife or Husband} Wm. H. Gambrell. —^{Father's Name} Chas. Valentine. ^{Father's Birthplace} —^{Mother's Maiden Name} Rebecca Hamilton ^{Mother's Birthplace} —^{Name of person giving information} Wm. H. Gambrell. ^{How related to deceased} Husband.

CAUSES OF DEATH

PHYSICIAN
OR CORONER^{Primary} Pain of uterus ^{How long} abt 12 hrs. ⁽⁴²⁾^{Immediate} Exhaustion ^{How long} weeks

Are the name, age, sex, color, date and place correctly given above?

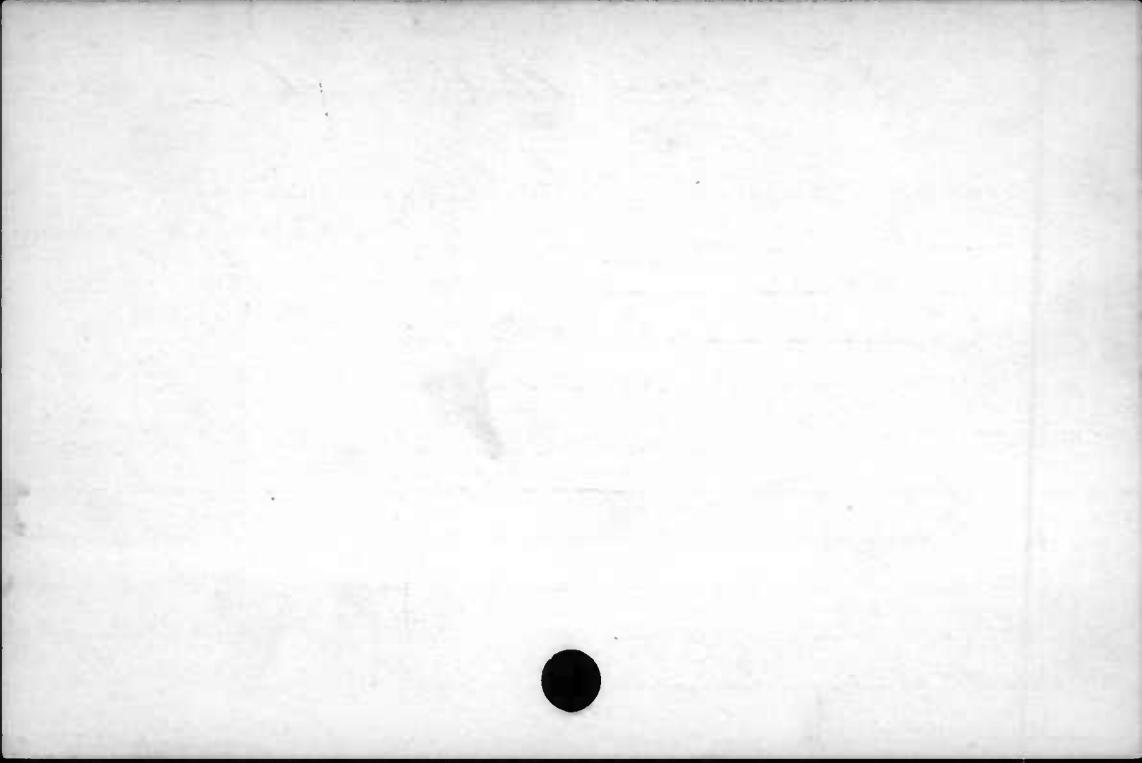
Yes

Signature of Physician

Address

Robt. P. G. Leitch M.D.
1378 E. Charles St.
Baltimore, Md.

Accident or Suicide?



Name
in
Full

Thomas A Ball

CERTIFICATE OF DEATH

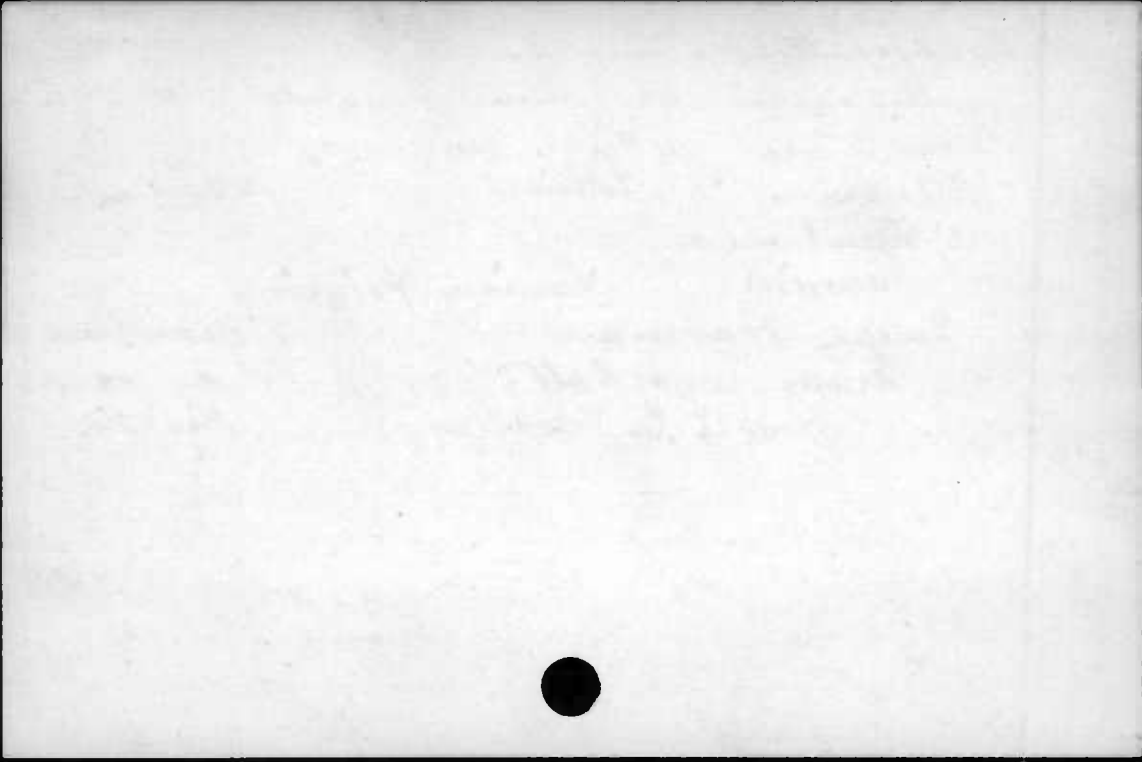
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Camp Parole</u> ^{Town} <u>Act</u> ^{County}		MARYLAND	
Date of death	<u>1906</u> ^{Month} <u>April</u> ^{Day} <u>14th</u> ^{Age} <u>18</u> ^{Years} <u>3</u> ^{Months} <u>2</u> ^{Days}		
Sex	<u>Male</u>	Color or Race	<u>Colored</u>
Occupation	<u>Boat Black</u>	Birth-place	<u>Md.</u>
Where Residing if not at place of death			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	
Father's Name	<u>Thomas Ball</u>	Father's Birthplace	<u>Md.</u>
Mother's Maiden Name	<u>Francis Goodrich</u>	Mother's Birthplace	<u>Md.</u>
Name of person giving information	<u>Francis Ball</u>	How related to deceased	<u>Mother</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u> (2)	How long	<u>Months</u>
Immediate	<u>Exhaustion</u>	How long	<u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>John R. [unclear]</u>
		Address	<u>Hyattsville</u>
Accident or Suicide?			<u>Md.</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>April</i>		Day <i>21</i>		Years <i>62</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>		Months <i>—</i>	
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Louisa Frigien</i>		Father's Name <i>Joseph Barrman</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Mary Lockett</i>		Name of person giving information <i>Mrs R. E. Woolley</i>		Mother's Birthplace <i>do</i>		How related to deceased <i>Sister</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Uræmia</i>	How long	<i>48 hrs.</i>
Immediate	<i>do</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Oliver Purman</i>	
Accident or Suicide? <i>no</i>		Address <i>Annapolis Md</i>	



Name

in
Full

Heimbuch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eastport</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	1906	Month	April	Day	25
Sex	Male	Color or Race	White	Age	—
Occupation	—		Where Residing if not at place of death	—	
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	John W. Heimbuch			Father's Birthplace	Eastport
Mother's Maiden Name	Emma Wentz			Mother's Birthplace	Germany
Name of person giving information	John W Heimbuch			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Prolonged Parturition</i>	How long	—
Immediate	<i>Exhaustion</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<i>Wm S Welch</i>
		Address	<i>Annapolis</i>
Accident or Suicide?	no		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alexander Jackson

Died at Bayard Town Anne Arundel County

MARYLAND

Date of death 1906 Apr 15 Age — Months — Days —

Sex Male Color or Race Colored Birthplace Ga Co

Occupation Farmer Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Not Known

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving information Wm Talbott How related to deceased none

CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long 2 years

Immediate Gradual Asthenia How long 4 months

Are the name, age, sex, color, date and place correctly given above?

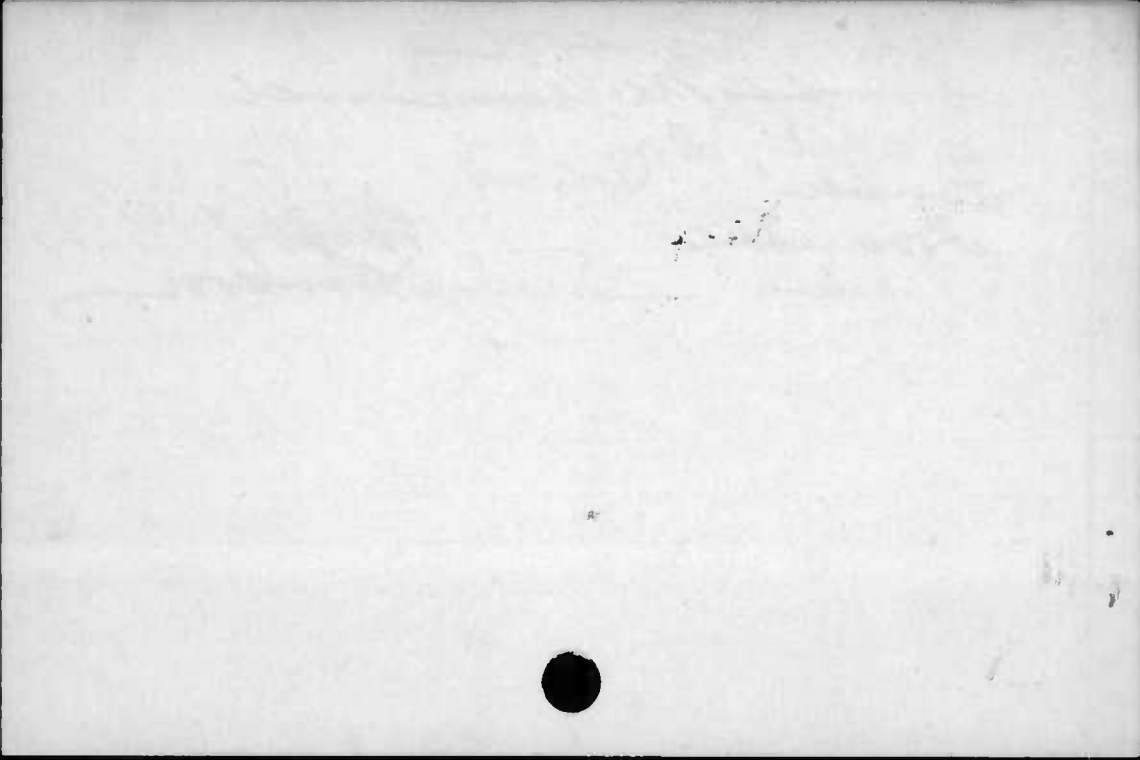
Yes

Signature of Physician Maelan Canard MD

Address West River Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Margaret Johnson Town Annapolis Md. County Prince Georges

Died April 20 1960 at Age 60 Months 0 Days 0

Date of death 1960 April 20 Age 60

Sex Female Color or Race Colored Birth-place also

Occupation Domestic Where Residing if not at place of death St. 7 1/2 St

Married, Single or Widowed Married Name of Wife or Husband Stephen Johnson

Father's Name Thomas Hall Father's Birthplace Doubrois

Mother's Maiden Name Dout Mother's Birthplace " "

Name of person giving information Armed Harris How related to deceased Son in Law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

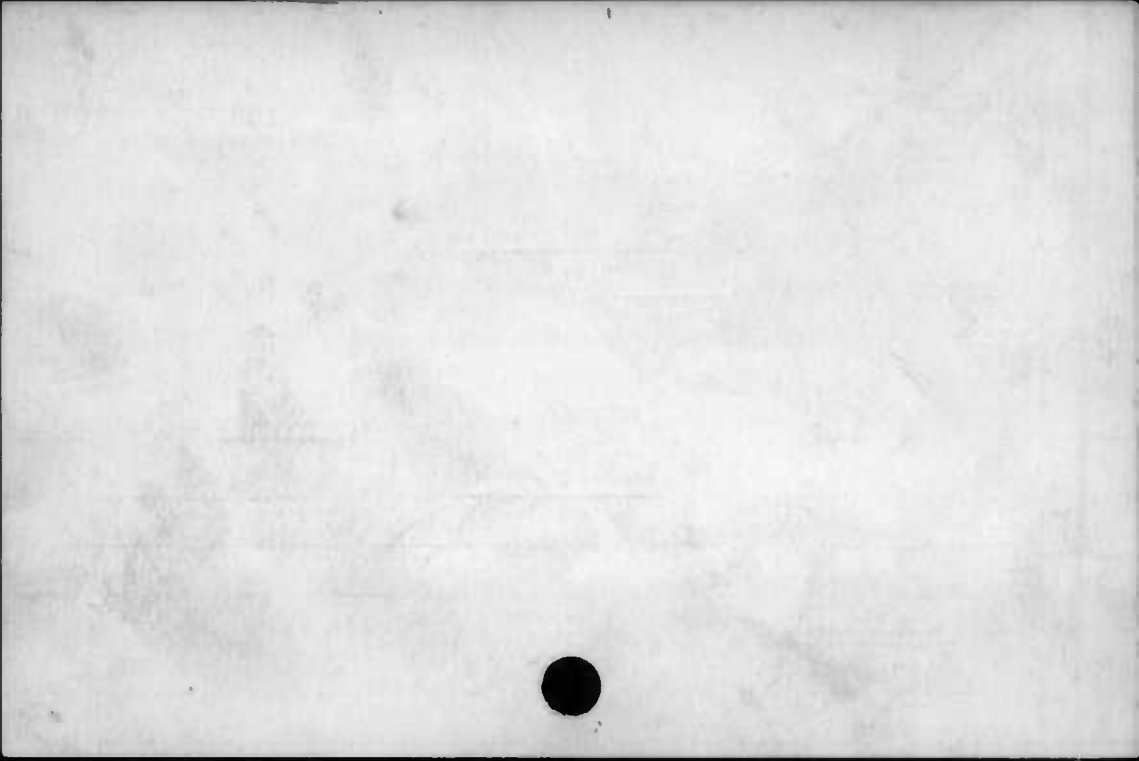
Primary Valvular Disease How long Months

Immediate of the Heart How long

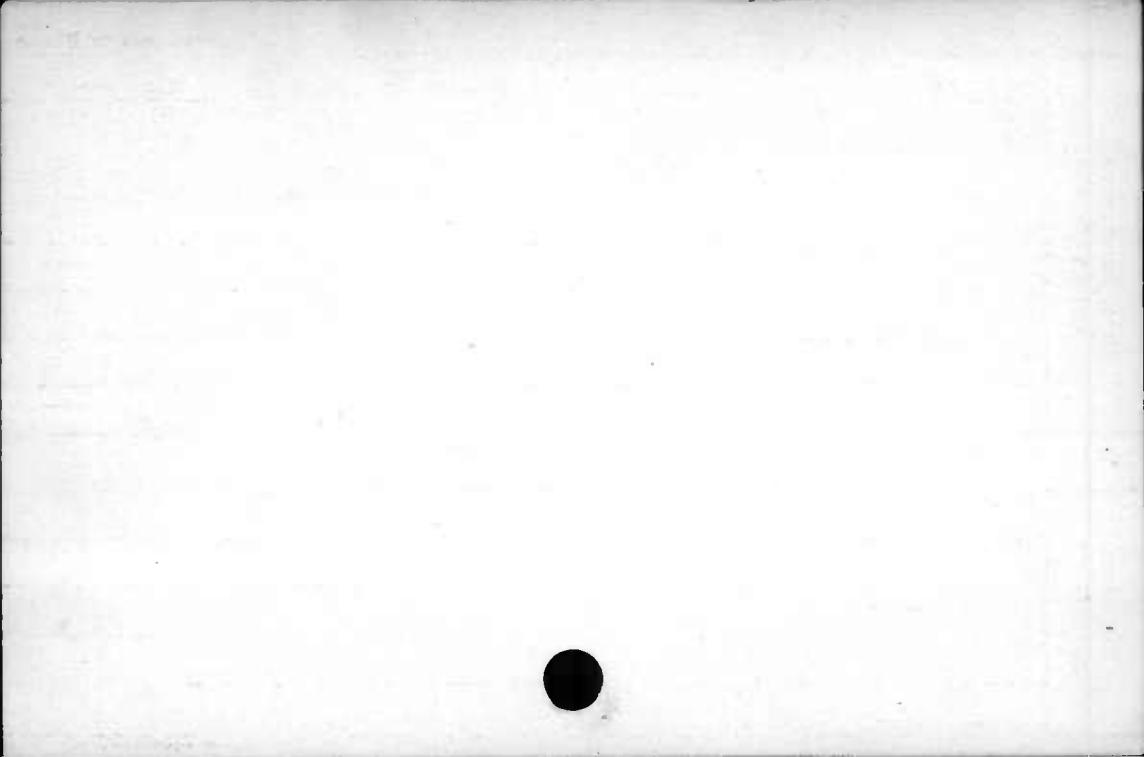
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician John Ridout Address Annapolis Md

Accident or Suicide?



Name in Full		Annie Bertie Knopp				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Seale</u> Town		<u>A. A.</u> County		MARYLAND		
	Date of death <u>1906</u>	Month <u>4</u>	Day <u>10</u>	Age <u>34</u>	Years	Months	Days
	Sex <u>female</u>		Color or Race <u>white</u>		Birth place <u>Tracy's Landing</u>		
	Occupation <u>House wife</u>			Where Residing if not at place of death			
	Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Charles Knopp</u>				
	Father's Name <u>Robert Ford</u>			Father's Birthplace <u>Tracy's Landing</u>			
	Mother's Maiden Name <u>Mary Frances Perry</u>			Mother's Birthplace <u>Tracy's Landing</u>			
	Name of person giving information <u>Thomas L. Ford</u>			How related to deceased <u>Brother</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Influenza</u>		(10)		How long <u>9 days</u>		
	Immediate <u>Peritonitis</u>				How long <u>24 hours</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>A. Sydney Harting</u>				
			Address <u>Leitchs Md.</u>				
	Accident or Suicide?						



Name
in
Full

Le Roy Mc Kinsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Masonville* Town

a.a. Co County

Date of death *1906*

Month *April*

Day *24th*

Age *—* Years

Months *—*

Days *9*

Sex *Male*

Color or Race *W*

Birth-place *Masonville*

Occupation *—*

Where Residing if not at place of death *—*

Married, Single or Widowed *—*

Name of Wife or Husband *—*

Father's Name *William B. Mc Kinsey*

Father's Birthplace *Maryland*

Mother's Marden Name *Kate Lowman*

Mother's Birthplace *Maryland*

Name of person giving information *Wm. B. Mc Kinsey*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Gastro-Enteritis*

How long *105* 6 days

Immediate *Gastro-Enteritis*

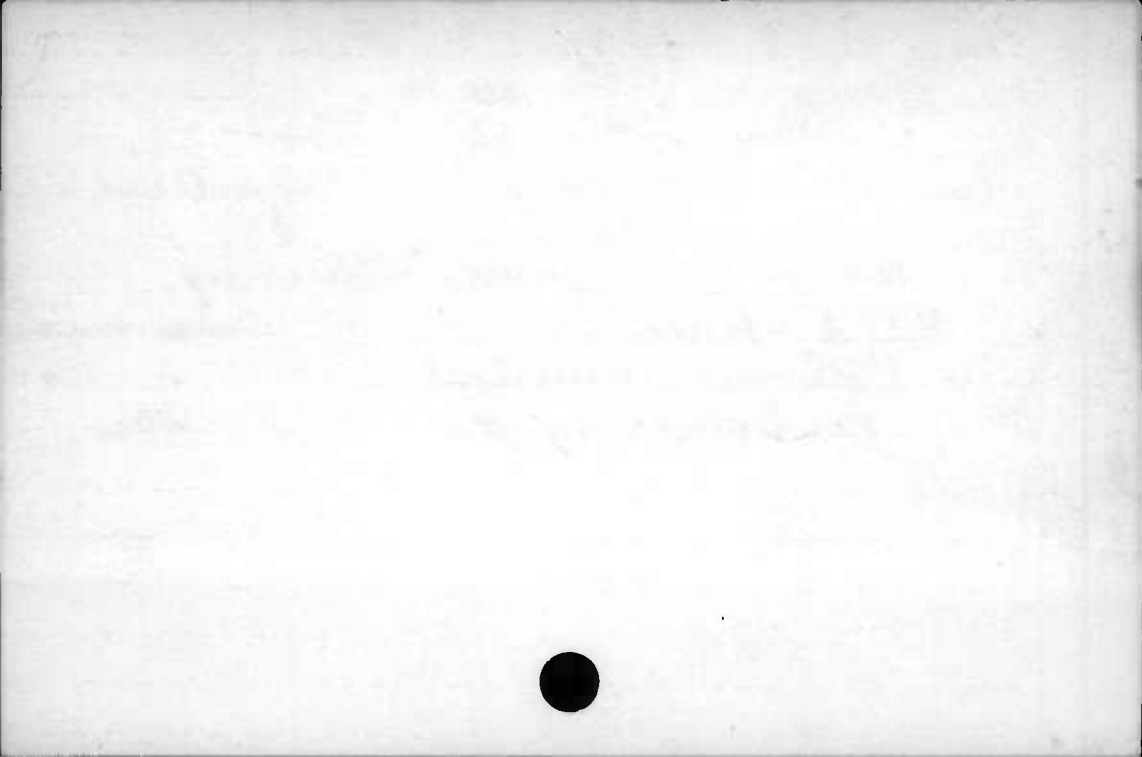
How long *3* days

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *William D. Scott M.D.*

Address *Burtis Bay a.a. Co. - Maryland*

Accident or Suicide? *—*



Name
in
Full

Elizabeth M. Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Annapolis</i>		^{County} <i>aa. Co.</i>		MARYLAND	
Date of death ^{Month} <i>april</i> ^{Day} <i>12</i> ^{Years} <i>66</i>		^{Months} <i>—</i>		^{Days} <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Interdenial Co Md</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>James D Murray</i>			
Father's Name <i>Wm A Spencer</i>		Father's Birthplace <i>Success Ann Co Md</i>			
Mother's Maiden Name <i>Catharine Carmichael</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Jas D Murray Jr</i>		<div>79</div>		How related to deceased <i>son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Copious Bronchitis & heart failure</i>	How long <i>one week</i>
Immediate <i>Copious Bronchitis</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Her J. St. Leonard</i>
Accident or Suicide? <i>—</i>	Address <i>Annapolis</i>



Name
in
Full

George M. Murray.

CERTIFICATE OF DEATH

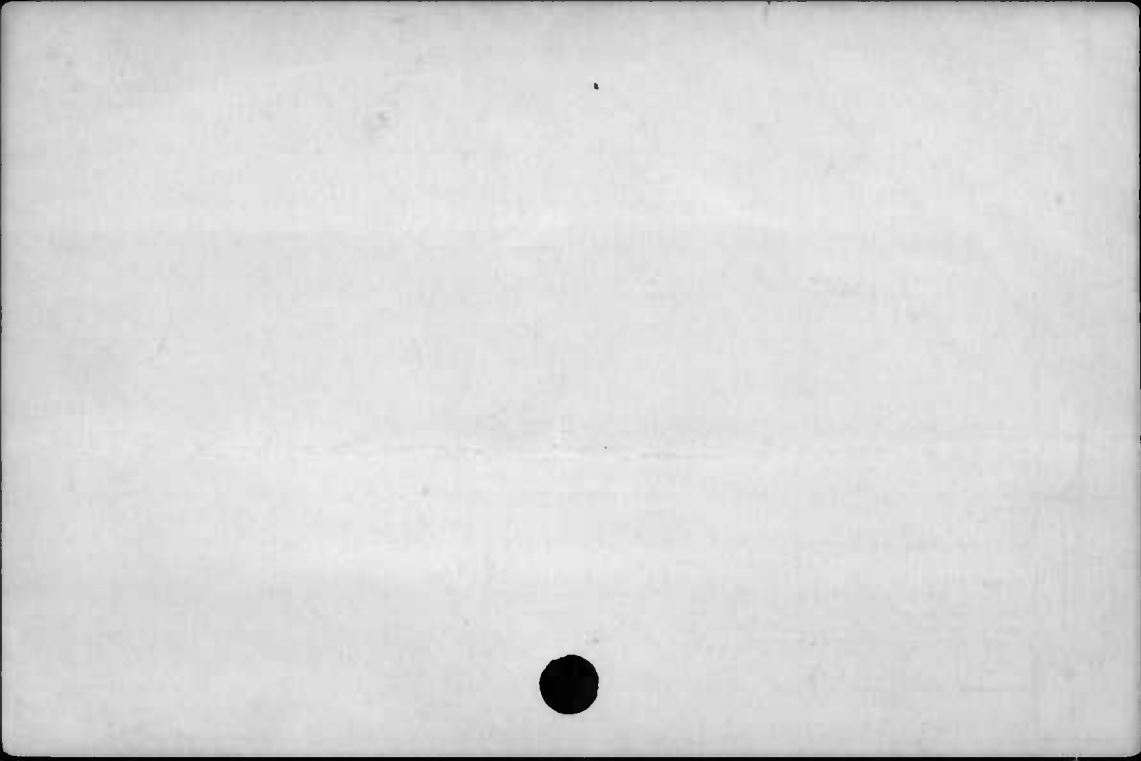
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Odenton.		County Anne Arundel		MARYLAND	
Date of death		1906	Month April.	Day 19-th	Age 61	Years 8	Months 9
Sex Male		Color or Race White		Birth- place Wilford, Md.			
Occupation Farmer & Canner		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Emily T. Murray.					
Father's Name James Murray.		Father's Birthplace Fairfield, Md.					
Mother's Maiden Name Martha Elliott.		Mother's Birthplace Fairfield, Md.					
Name of person giving In formation Wife Emily T. Murray.		How related to deceased Wife.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lobar pneumonia (93)	How long	Six days
Immediate	Syncope	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. A. Hammond	
Yes		Address Jesup Md.	
Accident or Suicide?			
No			



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Ocurus (Col)

Town

County

Died at

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1906

Apr

27

Age

28

Sex

Female

Color or
Race

Negro

Birth-
place

A. A. C. Md

Occupation

Housekeeper

Where Residing If not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Edward Ocurus

Father's
Name

Chas E. Sollerus

Father's
Birthplace

A. A. C. Md

Mother's
Maiden Name

Wallace

Mother's
Birthplace

A. A. C.

Name of person giving
Information

Edward Ocurus

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Tuberculosis

How long

7 Mos

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

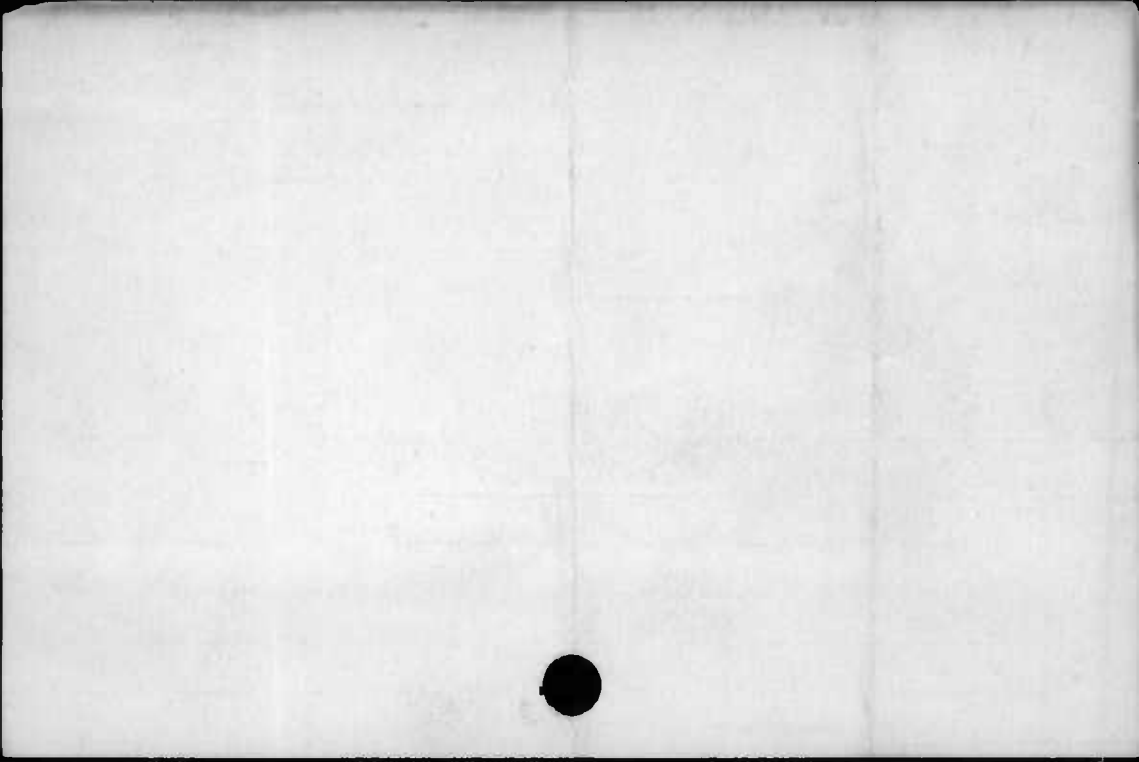
Address

J. L. Griffith

Upper Marlboro. Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

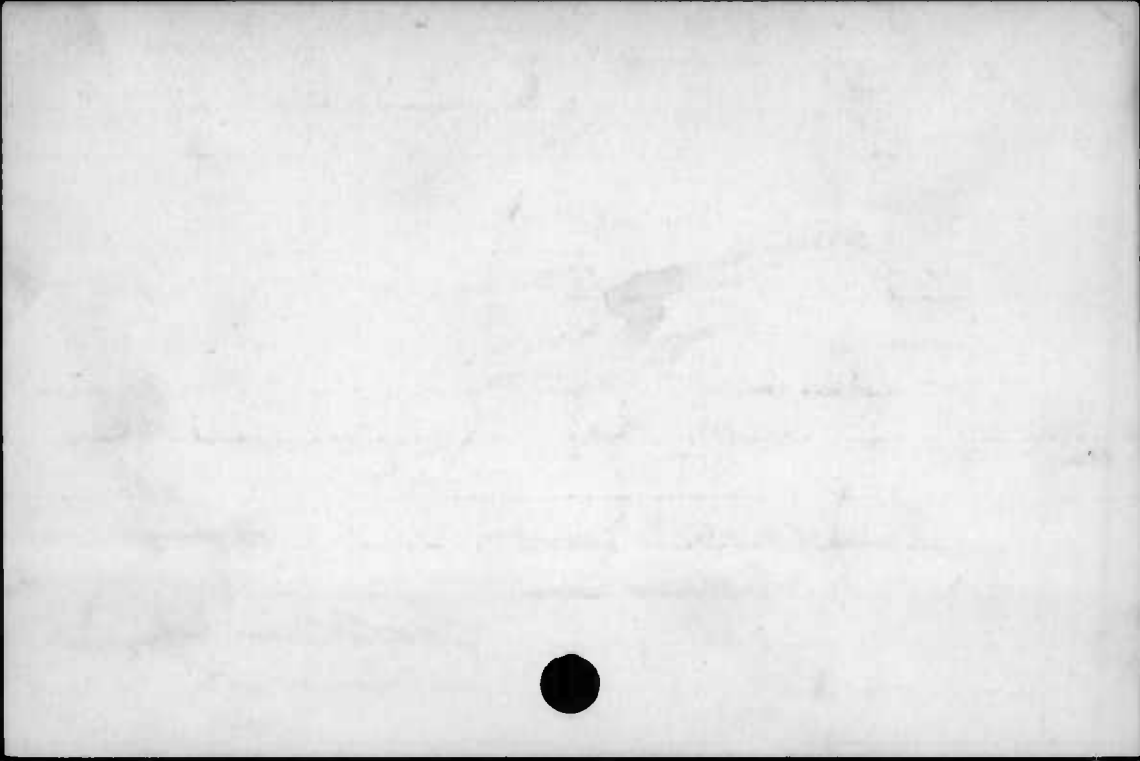
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>17</i>	Age <i>70</i>	Months	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Lancaster Del.</i>		
Occupation <i>Retired Merchant</i>	Where Residing if not at place of death <i>Annapolis Md.</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Charles B Russell</i>				
Father's Name <i>Arthur Russell</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Susan Russell</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Wm. A. Russell</i>	How related to deceased <i>Son.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>3 or 4 weeks</i>
Immediate <i>Bronchitis & Atheria</i>	How long <i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. H. Gunkel</i>
	Address <i>Annapolis, Md.</i>
Accident or Suicide? <i>—</i>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Prince George's</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>		Month <i>Feb</i>		Day <i>24</i>		Age <i>11 7 months</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Annapolis</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Geo W. Saffold</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Maggie Veine</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Geo W. Saffold</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gunshot wound</i>	How long	<i>4 days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo W. H. N. D.</i>	
		Address <i>Annapolis, Md.</i>	
Accident or Suicide? <i>Accident</i>			



Name
in
Full

CERTIFICATE OF DEATH

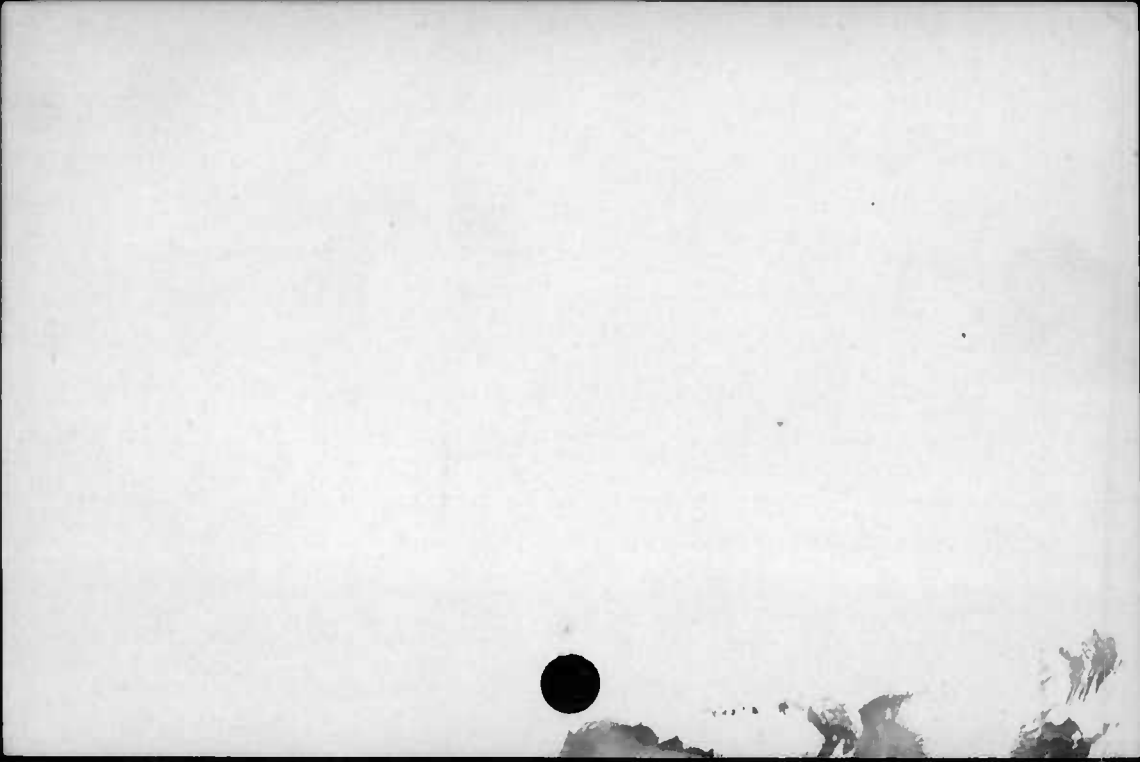
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bristol</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>April</u> <small>Day</small> <u>21</u> <small>Years</small> <u>41</u> <small>Months</small> <u> </u> <small>Days</small> <u> </u>		Sex <u>Female</u> <small>Color or Race</small> <u>Black</u>		<small>Birth-place</small> <u>Calvert Co. Md.</u>	
<small>Occupation</small> <u>House wife</u>		<small>Where Residing if not at place of death</small>			
<small>Married, Single or Widowed</small> <u>Married</u>		<small>Name of Wife or Husband</small> <u>Wesley Sellman</u>			
<small>Father's Name</small> <u>Stephen Coats</u>		<small>Father's Birthplace</small> <u>Md.</u>			
<small>Mother's Maiden Name</small> <u>Phoebe Hall</u>		<small>Mother's Birthplace</small> <u>Md.</u>			
<small>Name of person giving information</small> <u>Wesley Sellman</u>		<small>How related to deceased</small> <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

<small>Primary</small> <u>Heart disease</u>	<small>How long</small> <u>Several years</u>
<small>Immediate</small>	<small>How long</small>
<small>Are the name, age, sex, color, date and place correctly given above?</small> <u>Yes</u>	<small>Signature of Physician</small> <u>A. H. Perrie</u>
	<small>Address</small> <u>McKendree, Md.</u>
<small>Accident or Suicide?</small>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>P. D. Co</i>	
Date of death <i>1906</i>		Month <i>April</i>	Day <i>16th</i>	Age <i>75</i>	Years <i>10</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Annapolis</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>To Annapolis</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Richard Smith</i>				
Father's Name <i>William</i>		Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Ellen Davis</i>		Mother's Birthplace <i>P. D. Co.</i>			
Name of person giving information <i>Elizabeth Smith</i>		How related to deceased <i>Friend</i>			

CAUSES OF DEATH

Primary	<i>Paralysis</i>	How long	<i>66</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. S. Welch</i>	
<i>Yes</i>		Address <i>Annapolis</i>	
Accident or Suicide? <i>No</i>			

PHYSICIAN
OR CORONER



Name
in
Full

Still Born - Sternburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East Port</i> ^{Town}		<i>Anne arundel</i> ^{County}		MARYLAND	
Date of death	190 <i>6</i>	Month <i>April</i>	Day <i>17</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>East Port</i>		
Occupation <i>—</i>			Where Residing If not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>George Sternburg</i>		Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Robert D. —</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Geo Sternburg</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>—</i>
Immediate <i>S.</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo Wells M.D.</i>
	Address <i>Annapolis</i>
Accident or Suicide?	<i>no</i>



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Stevens

MARYLAND

Died at ^{Town} Annapolis Neck ^{County} AA

Date of death 1906 ^{Month} April ^{Day} 6th ^{Age} 13 ^{Years} ^{Months} ^{Days}

Sex Female Color or Race colored Birth-place AA Co.

Occupation House-work Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Charles Stevens Father's Birthplace AA Co.

Mother's Maiden Name Elizabeth Stevens Mother's Birthplace AA Co.

Name of person giving information Charles Stevens How related to deceased Father

CAUSES OF DEATH

Primary Tuberculosis (2) Months

Immediate Exhaustion (Gradual) Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

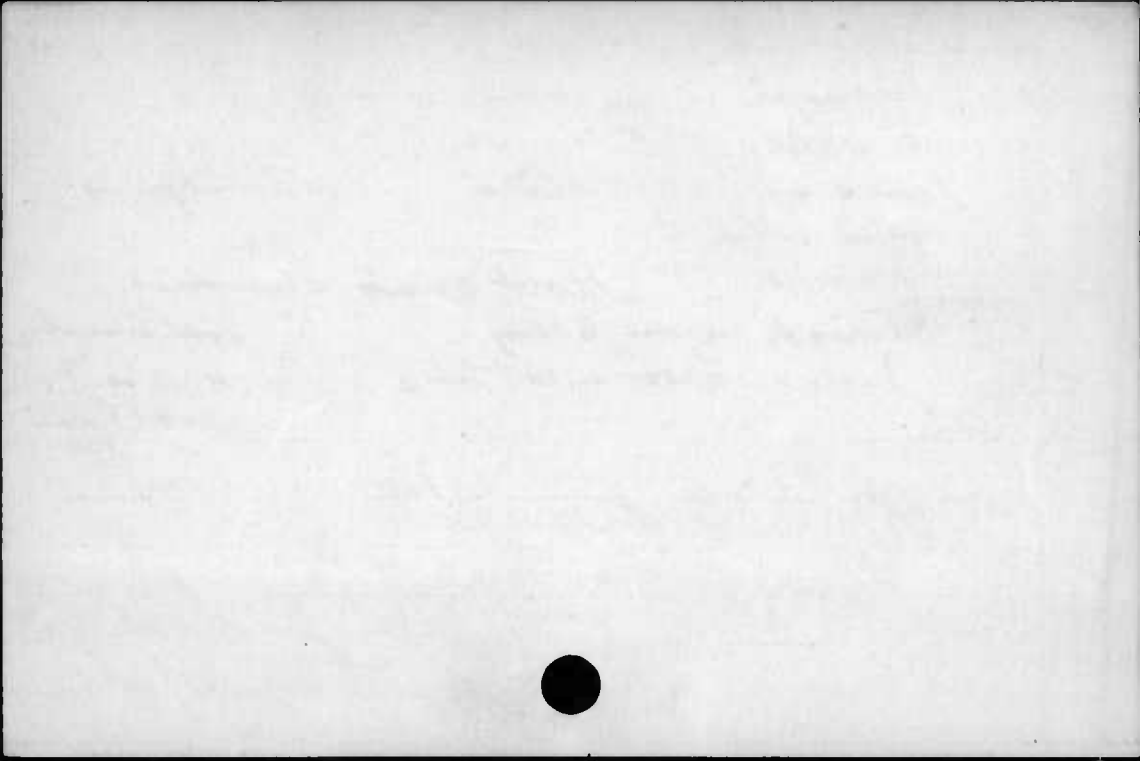
Address

John Ridout
Annapolis
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Thomas

CERTIFICATE OF DEATH

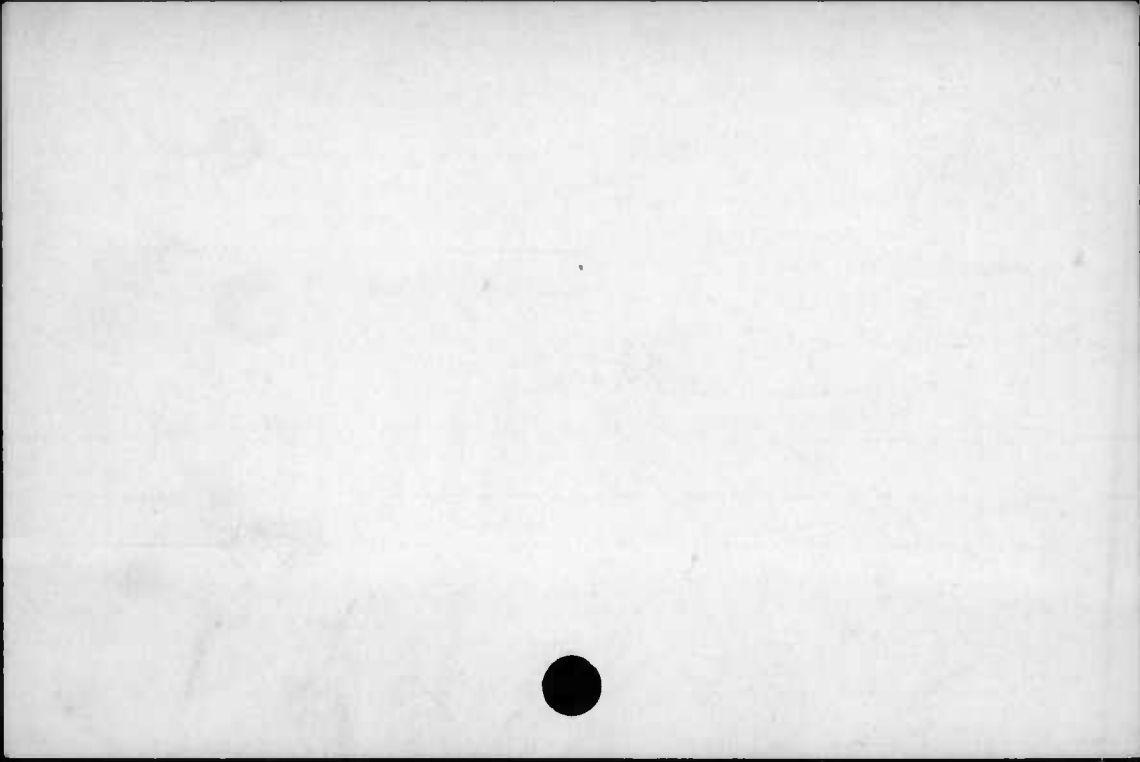
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>April</i>	Day	<i>30</i>
		Years	<i>36</i>	Months	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Annapolis</i>
Occupation	<i>House wife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Robt Louis Thomas</i>		
Father's Name	<i>Patrick Dougherty</i>			Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Jane Brown with</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>~~~~~</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>A few hours.</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John Ridout, M.D.</i>
		Address	<i>Annapolis</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

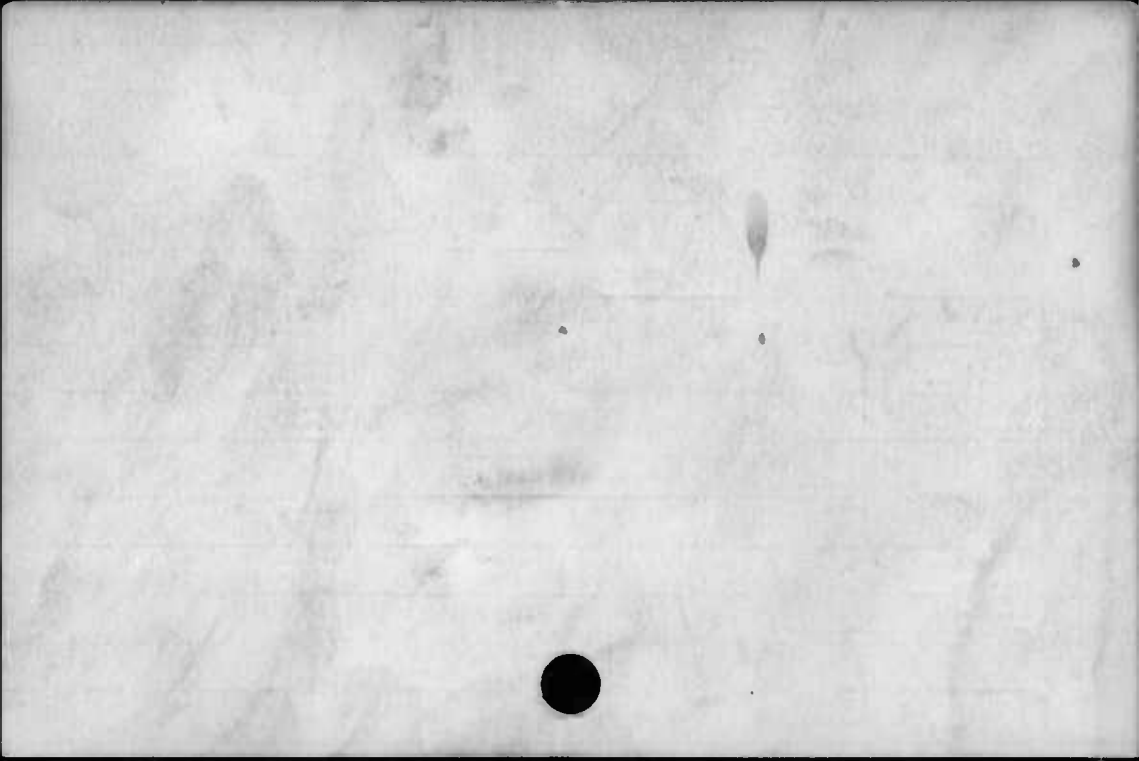
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		STATE <i>MARYLAND</i>	
Date of death <i>1906</i>		Month <i>April</i>	Day <i>6</i>	Age <i>75</i>	Years <i>75</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>A.A. Co.</i>			
Occupation <i>Laborman</i>		Where Residing if not at place of death <i>78 Jackson Lane</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Margaret Lovell</i>					
Father's Name <i>Levi Brown</i>		Father's Birthplace <i>Scot Run</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Alexander Isaac</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	<i>154</i>	How long <i>Months</i>
Immediate <i>Exhaustion</i>		How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John Ridout</i>
		Address <i>Annapolis</i>
Accident or Suicide? <i>No</i>		

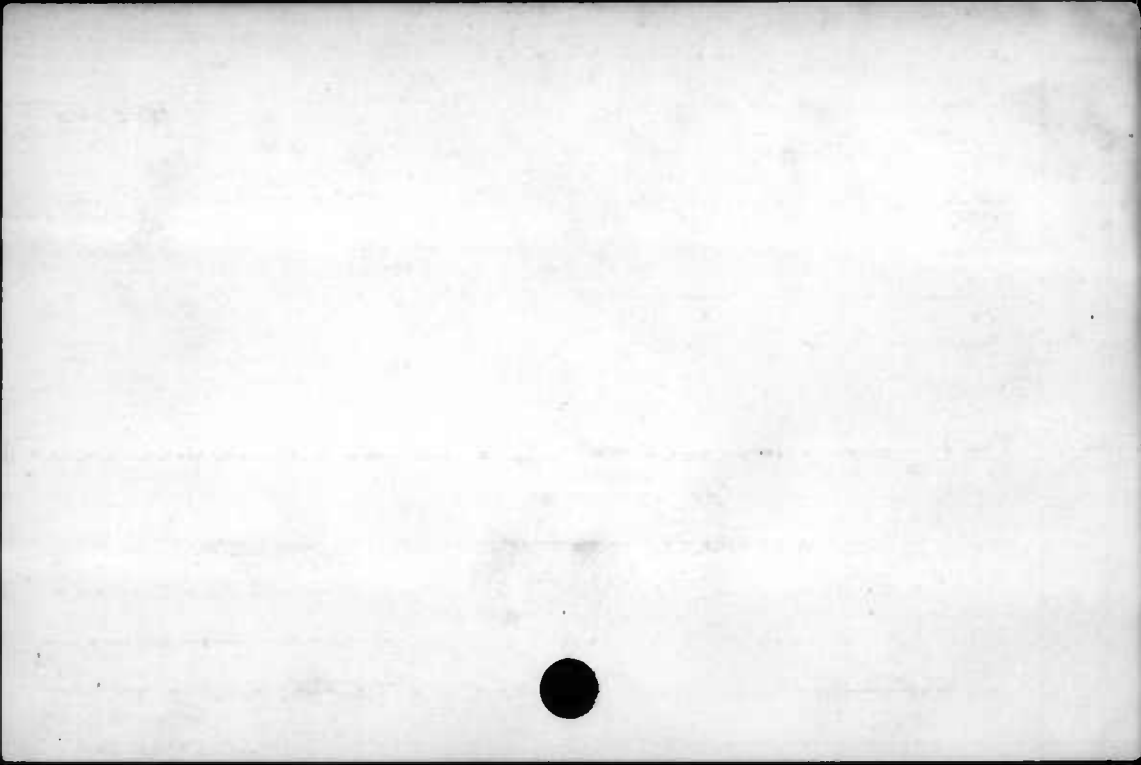


Name in Full *Samuel Watts* CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Town</i> <i>Harmane</i>		County <i>Anne Arundel</i>		MARYLAND	
	Date of death <i>1906</i>	Month <i>4</i>	Day <i>27</i>	Age <i>—</i>	Months <i>1</i>	Days <i>2</i>
	Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Harmane</i>	
	Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
	Father's Name <i>Joseph Sewall</i>			Father's Birthplace <i>Maryland</i>		
	Mother's Maiden Name <i>Bertie J. Watts</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Caroline Watt</i>			How related to deceased <i>Grandmother</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Cerebral Congestion</i>	How long <i>2 weeks</i>
	Immediate <i>convulsions</i>	How long <i>one hour</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Hammond</i>
		Address <i>—</i>
	Accident or Suicide? <i>no</i>	<i>Ind.</i>



Name
in
Full

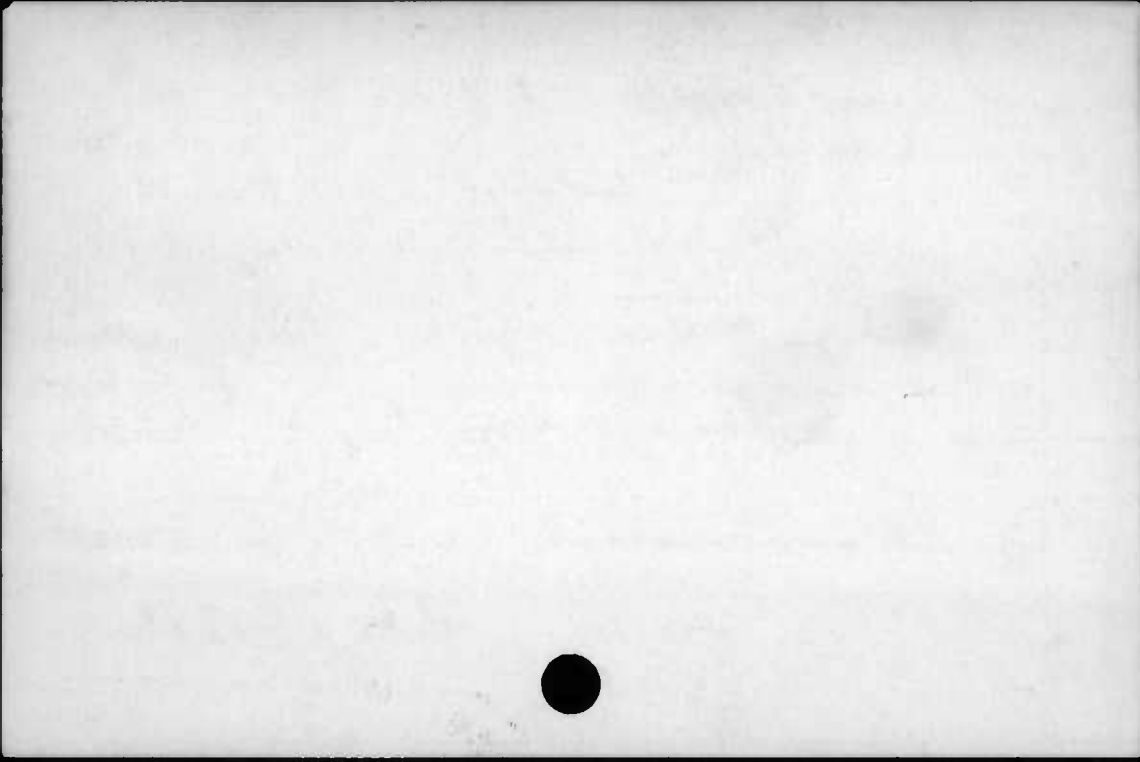
CERTIFICATE OF DEATH

Name <i>Charles B. White</i>		Town		County		MARYLAND	
Died at <i>Campbell and A. Co</i>							
Date	Month	Day	Age	Years	Months	Days	
of death	<i>1906</i>	<i>April</i>	<i>6</i>		<i>7</i>	<i>11</i>	
Sex	<i>male</i>	Color or Race	<i>Colored</i>		Birthplace	<i>Campbell and</i>	
Occupation				Where Residing if not at place of death			<i>Campbell and</i>
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband				
Father's Name	<i>David White</i>				Father's Birthplace	<i>Amherst, Va</i>	
Mother's Maiden Name	<i>Gessie Wallace</i>				Mother's Birthplace	<i>Amherst, Va</i>	
Name of person giving information	<i>David White</i>				How related to deceased	<i>father</i>	

CAUSES OF DEATH

Primary	<i>Dementia</i>	How long	<i>1</i>
Immediate	<i>Menigitis</i>	How long	<i>some days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John Ridout</i>
		Address	<i>Amherst, Va</i>
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Willis Burness White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Revelt</u> ^{Town}		<u>A. A. les</u> ^{County}		MARYLAND	
Date of death	<u>1906</u> ^{Month}	<u>April</u> ^{Day}	<u>6</u> ^{Age}	<u>X</u> ^{Years}	<u>8</u> ^{Months}
					<u>11</u> ^{Days}
Sex	<u>Male</u>		Color or Race	<u>Coloured</u>	
Occupation	<u>X</u>		Birth-place	<u>Revelt</u>	
Where Residing if not at place of death			<u>X</u>		
Married, Single or Widowed	<u>X</u>		Name of Wife or Husband	<u>X</u>	
Father's Name	<u>George William White</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Lydia Horner</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving information	<u>John White</u>			How related to deceased	<u>Uncle</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u> <u>(93)</u>	How long	<u>3 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Charles D. Bicker</u>
		Address	<u>Robinson</u>
			<u>MD</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

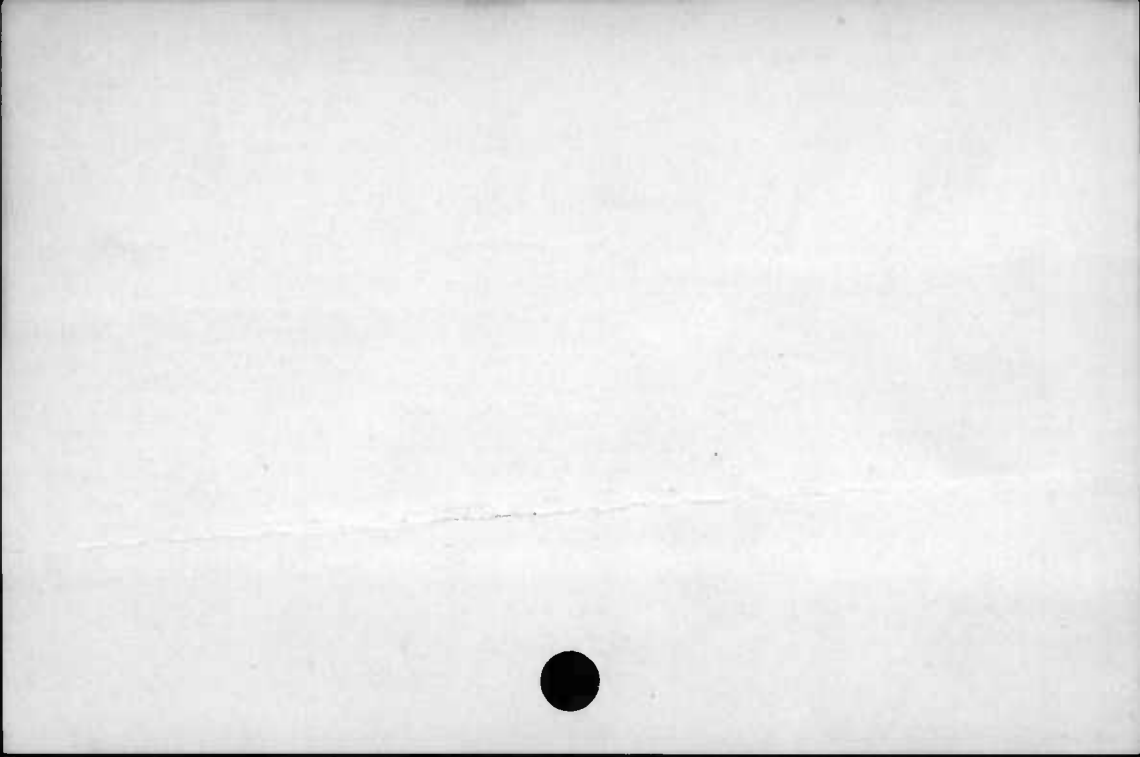
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brooklyn</i>		County <i>Ce-</i>		MARYLAND	
Date of death	1900	Month <i>April</i>	Day <i>18</i>	Age <i>68</i>	Years	Months <i>2</i>	Days <i>10</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birthplace <i>Germany</i>				
Occupation <i>Former</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Mary with</i>						
Father's Name <i>Henry Wier</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Mary Alb</i>	Mother's Birthplace <i>" "</i>						
Name of person giving information <i>Anna Bulman</i>	How related to deceased <i>no relation</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Induration of bones</i>	How long <i>six days</i>
Immediate <i>Heart failure</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. Byron Robinson</i>
	Address <i>Brooklyn Ce Co Mich</i>
Accident or Suicide?	



Name
in
FullFrank Young
Town

CERTIFICATE OF DEATH

MARYLAND

Died at Sudley Anne Arundel County

Date of death 1906 April 10 Age 45- Months Days

Sex Male Color or Race Black Birth-place Calvert Co. Md.

Occupation Hod carrier Where Residing If not at place of death Baltimore Md.

Married, Single or Widowed Married Name of Wife or Husband Helen Young

Father's Name James Young Father's Birthplace Calvert Co. Md.

Mother's Maiden Name Margaret Jones Mother's Birthplace Calvert Co. Md.

Name of person giving information William Harrod How related to deceased Friend

CAUSES OF DEATH

Primary Heart disease 79 How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

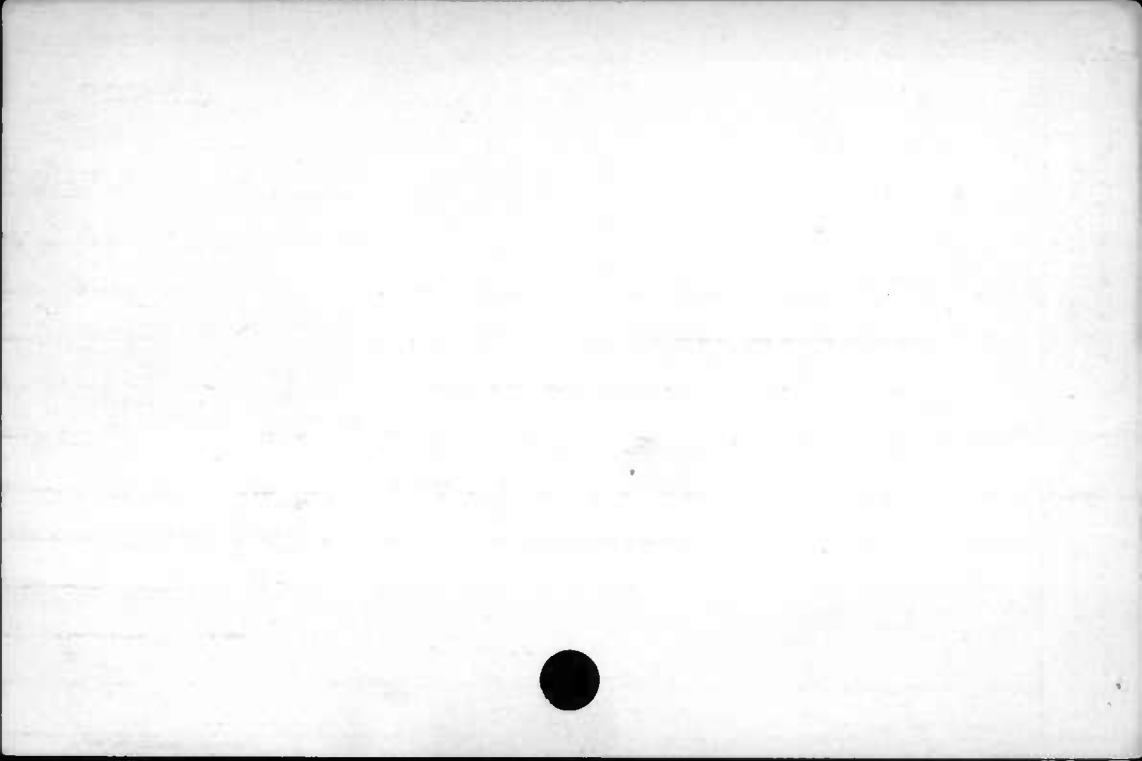
Signature of Physician

Address

J. N. Perrie
McKendree, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
CORONER



Name
in
Full

Margaret Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Ludley</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>	
Date of death <u>1906</u> <small>Month</small> <u>April</u> <small>Day</small> <u>9</u> <small>Age</small> <u>75</u> <small>Years</small>	<u>75</u> <small>Months</small>		
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Calvert Co. Md.</u>	
Occupation <u>_____</u>	Where Residing if not at place of death <u>_____</u>		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>_____</u>		
Father's Name <u>Don't know</u>	Father's Birthplace <u>Don't know</u>		
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>Don't know</u>		
Name of person giving information <u>William Harrod</u>	How related to deceased <u>Friend</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart disease</u>	How long <u>Several years</u>
Immediate <u>_____</u>	How long <u>_____</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. H. Perrie</u>
<u>_____</u>	Address <u>McKendree, Md.</u>
Accident or Suicide? <u>_____</u>	<u>_____</u>

